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10/693,154	10/23/2003 RULE	297	3636	22630/112030-05

APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/155,331 05/24/2002 PAT 6,959,965
 which is a CON of 09/326,176 06/04/1999 PAT 6,709,058
 which is a CIP of 29/103,157 04/09/1999 PAT D,435,746
 and is a CIP of 29/103,158 04/09/1999 ABN
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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CT	28	9	5
Verified and ACKNOWLEDGED [Examiner's Signature]		Initials				

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TITLE

Ergonomic armrest

FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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